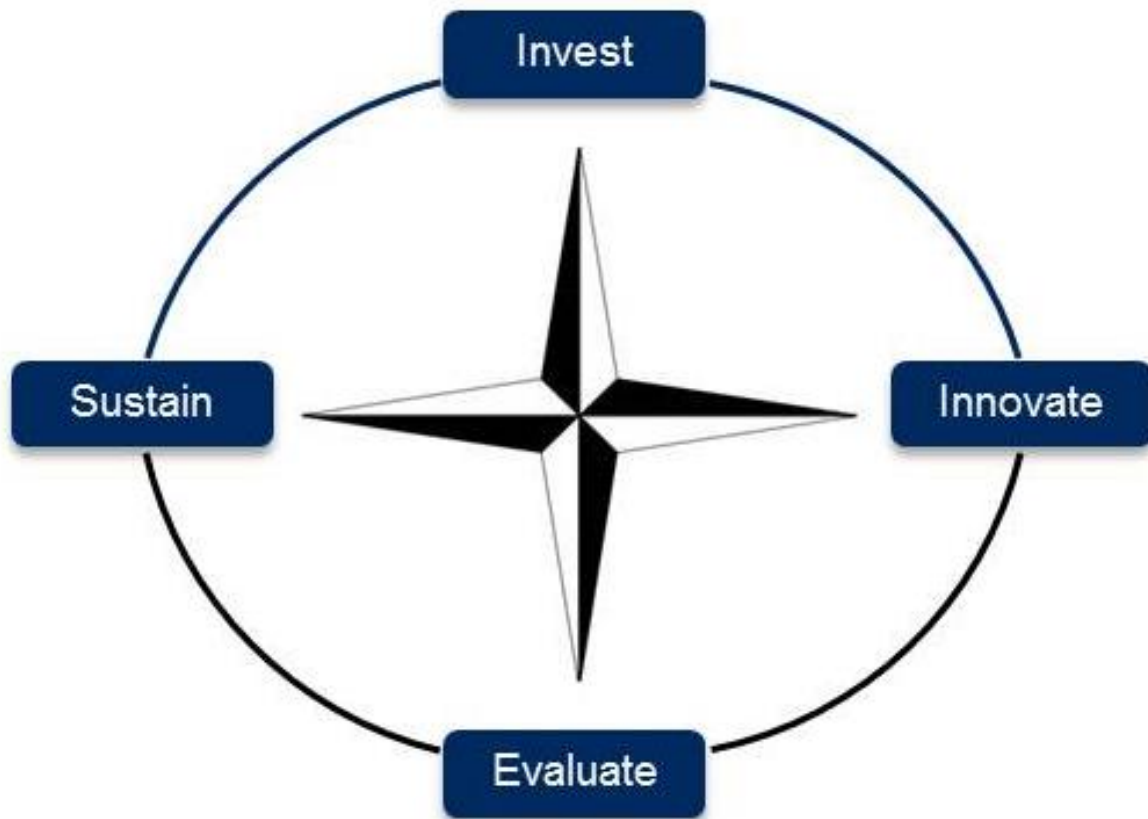


COMMONWEALTH OF MASSACHUSETTS  
HEALTH POLICY COMMISSION

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COMMUNITY HOSPITAL ACCELERATION, REVITALIZATION,  
& TRANSFORMATION INVESTMENTS

*CHARTING A COURSE FOR THE RIGHT CARE AT  
THE RIGHT TIME IN THE RIGHT PLACE*



HPC-CHART-002  
ATTACHMENT A, EXHIBIT 2:  
DRIVER DIAGRAM GUIDE



*This document is intended to be a basic primer for those individuals or institutions with limited or no experience with Driver Diagrams and related improvement tools. We expect that many Applicants will have developed and utilized Driver Diagrams or similar tools before and may not need to follow these instructions closely. The examples provided in this document are for illustrative purposes only and should have no bearing on the development of Proposals.*

## Background

A **Driver Diagram** is a simple cause-and-effect diagram that represents hypotheses about what actions and activities will lead to a project goal. Driver Diagrams are useful in planning and executing improvement projects. The Driver Diagram consists of three parts:

1. An Aim Statement,
2. Primary Drivers, and
3. Secondary Drivers.

## Aim Statement

The **Aim Statement** should be specific, measurable, and answer the questions “What are we trying to accomplish (the measureable Aim), by when, how much, and for whom (which population).”

- For example, “Fewer Emergency Department (ED) visits for high-risk patients” is NOT an effective Aim Statement. A more effective statement might be, “Reduce ED visits by our patients with mental health and substance abuse disorders by 50% by March 31, 2017.”

Aim Statements are typically related to important clinical outcomes and not the processes that lead to an outcome.

Remember to make your Aim Statement **SMART**

- **Specific**
- **Measurable**
- **Attainable**
- **Relevant**
- **Time-bound**

Although larger strategic programs may have multiple Aim Statements, Phase 2 CHART Proposals should have a single, unifying Aim Statement encompassing all aspects of the Initiative.

## Primary Drivers

**Primary drivers** are the approximately 3-5 key factors you believe will substantially contribute to achieving your Aim. Primary drivers reflect your theory of change and inform your Aim Statement. They are the set of actions you believe – from evidence or from root cause analyses - are required to achieve the Aim.

- Continuing with our ED visits example, we may determine that the primary drivers are **(1) effective ED resource design and throughput, (2) integrated behavioral health services, (3) seamless care continuum for high-risk/-cost patients, and (4) operational efficiency and reduced administrative complexity through connected health.**

Many primary drivers are measurable and lend themselves to a specific process aim. It is often helpful to measure not only the ultimate outcome (the Aim), but also activities described by the primary drivers.

## Secondary Drivers

**Secondary drivers** are the activities and changes that will result in a change in the primary driver. In the ED use example above, we might settle on the following secondary drivers:

- **Effective ED Resource Design and Throughput**
  - **Engage in strategic planning to meet the community’s evolving needs**
  - **Engage in a Lean management initiative to reduce service disparities and waste, and spread best practices**
  - **Institute culture of safety role expectations for staff to increase inter-departmental collaboration**
- **Integrated behavioral health services**
  - **Integrate inpatient behavioral health (BH) and physical health workflows into an evidence-based & experience driven service continuum**
  - **Build hospital and community networks via service agreements for maximizing coordination of BH services**
  - **Defined roles and responsibilities for each discipline supporting the integrated BH approach, including Case Mgt., BH, Social Work services, nursing, etc.**
- **Seamless care continuum for High-Risk/-Cost Patients**

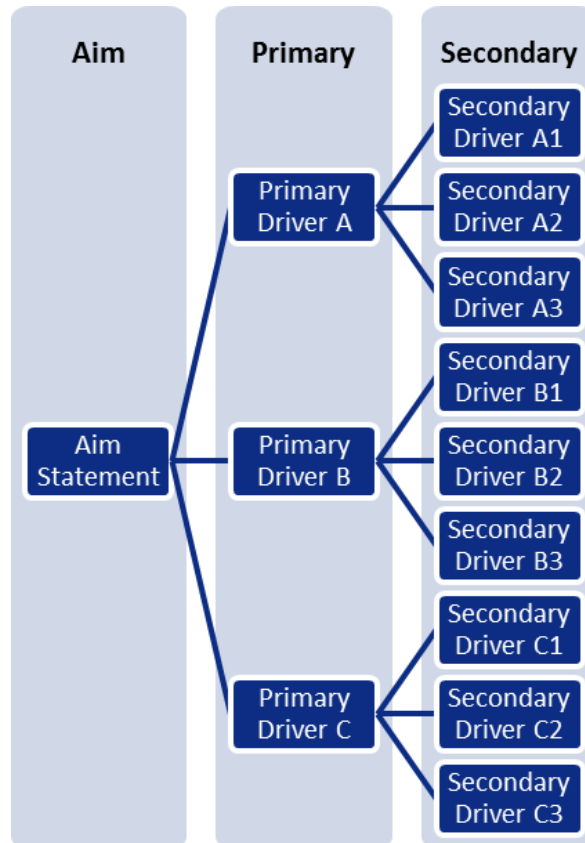
- Utilize data to drive decisions supporting the care continuum, and establish key metrics and benchmarks to identify variances
- Establish partnerships and ongoing collaboration with community-based patient centered medical homes (PCMHs) and hospital-based case management services
- Build community-based collaborative to coordinate care for high-risk recidivists
- Operational efficiency and reduced administrative complexity through connected health
  - Implement system to identify and track high-risk/cost patients between hospital systems
  - Implement referral service integrated with PCMHs and hospital-based case management services

It can sometimes be challenging to decide whether driver is a primary or secondary driver. Discussion is useful, but do not get hung up on the distinction. Primary drivers tend to be broader concepts often with a clear or growing evidence/experience basis while secondary drivers describe more specific actions that contribute to achieving the primary drivers. Secondary drivers can often be “adapted” based on local practices or infrastructures to ensure reliable implementation while primary drivers tend to describe practices that are more fundamental to the aim.

### Putting it Together

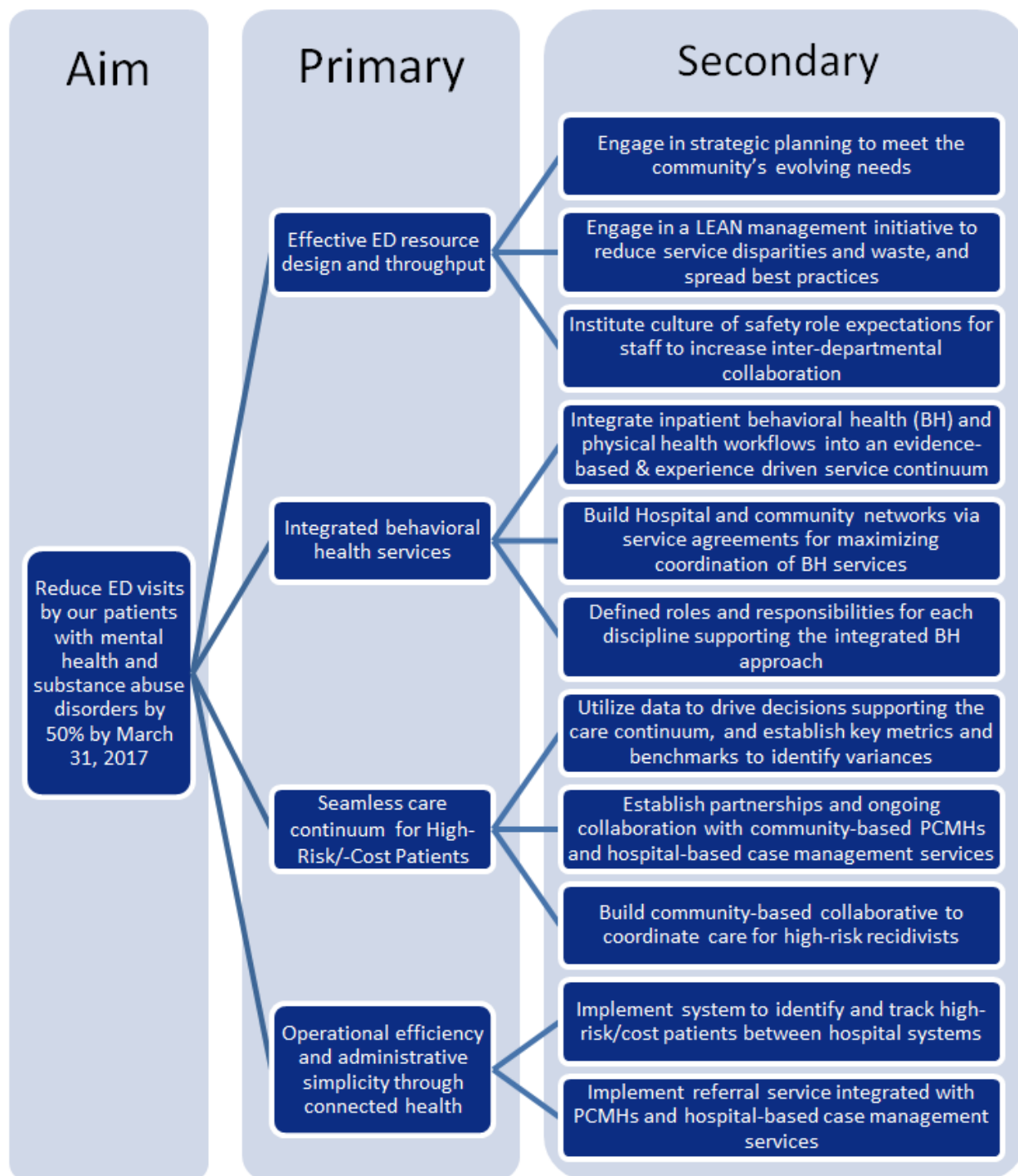
Driver diagrams are more powerful and valuable when created by all members of the project team. This approach is useful for two reasons. First, different members of the team will have different insights based on their own experiences in their own roles, and second, the process can help create buy-in among team members.

You can use PowerPoint’s SmartArt to create your own driver diagram.



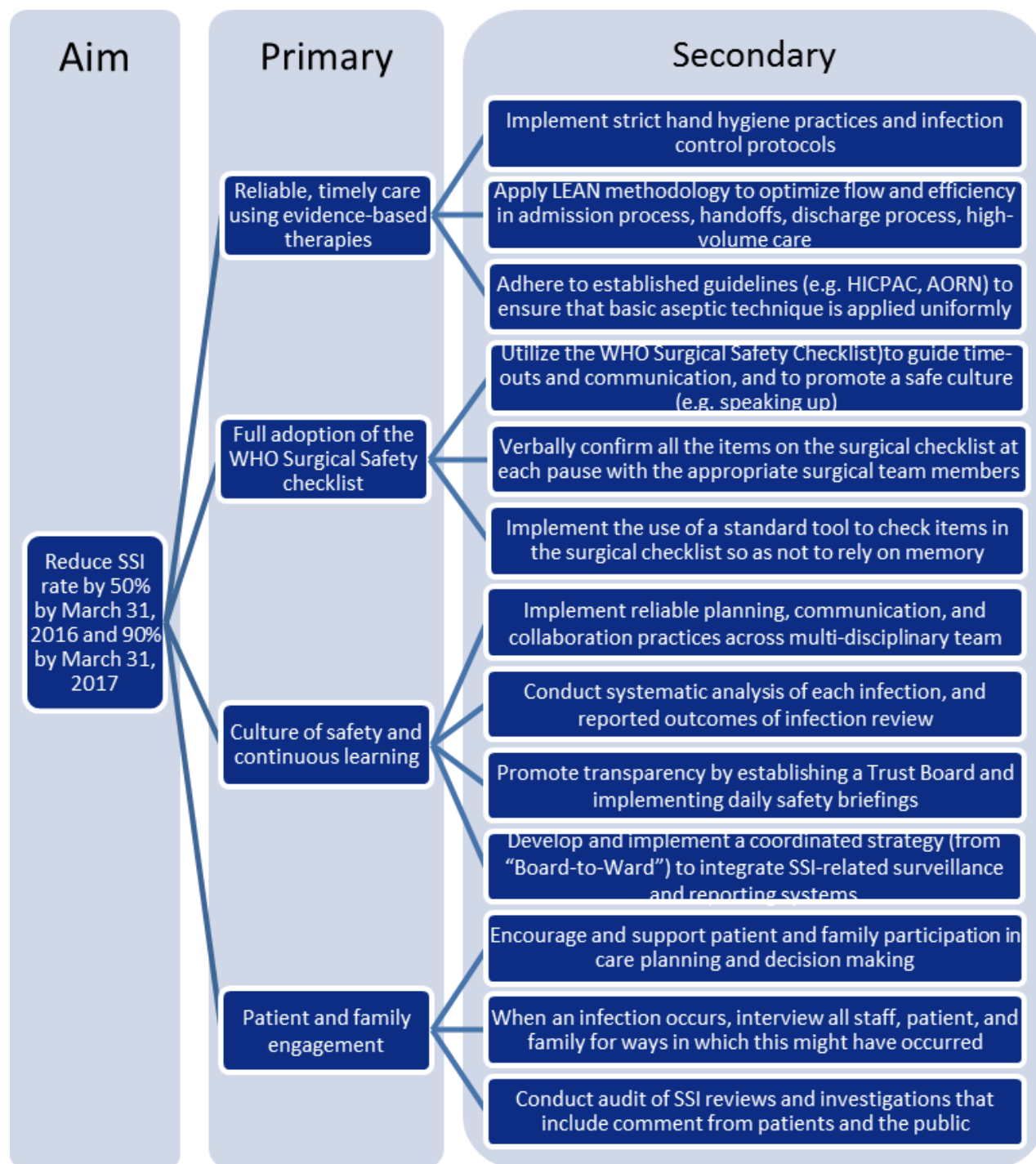
From our ED use reduction example above, we created the following driver diagram.

**(Sample) Mental Health and Substance Abuse ED Utilization Reduction Driver Diagram**



The additional Driver Diagram example below uses reduction of Surgical Site Infections (SSIs) as the project Aim.

**(Sample) Reducing SSIs Driver Diagram\***



\* SSI Drivers adapted in part from the AHA/HRET HEN and Cynosure's guide to surgical site infection and safe surgery, "Surgical Site Infection Change Package: Preventing Surgical Site Infections, 2014 Update"; [http://www.hret-hen.org/index.php?option=com\\_phocadownload&view=category&download=1394:surgical-site-infections-change-package-2014&id=73:surgical-site-infections](http://www.hret-hen.org/index.php?option=com_phocadownload&view=category&download=1394:surgical-site-infections-change-package-2014&id=73:surgical-site-infections)

## More Resources

There are many helpful resources online that can be found by searching “driver diagram.”

If you need help getting started, we suggest reviewing the resources below:

- [http://www.phf.org/resourcestools/Documents/Antibiotic\\_Stewardship\\_Driver\\_Diagram.pdf](http://www.phf.org/resourcestools/Documents/Antibiotic_Stewardship_Driver_Diagram.pdf)
- <http://innovation.cms.gov/Files/slides/HCIATwoSuccessOpPlan.pdf> (specifically pp. 10-11)
- <http://www.nichq.org/pdf/Model%20for%20Quality%20Improvement.pdf> (specially pp. 21-23, 25)
- <http://www.publichealth.hscni.net/sites/default/files/directorates/files/CAWT%20Day%20Driver%20diagram%20-%20David%20Vaughan.pdf>
- [http://www.hret-hen.org/index.php?option=com\\_phocadownload&view=category&download=1394:surgical-site-infections-change-package-2014&id=73:surgical-site-infections](http://www.hret-hen.org/index.php?option=com_phocadownload&view=category&download=1394:surgical-site-infections-change-package-2014&id=73:surgical-site-infections)

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